FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760300 (4)

1. Corporation Name

MOONSHADOW VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% CAROLYN WILLIAMS 1323 SE 3RD AVE FT LAUDERDALE FL 33316 US	% CAROLYN WILLIAMS 1323 SE FT LAUDERDALE FL 33316 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1981
3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0389458 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMS, CAROLYN 1323 SE THIRD AVE FT. LAUDERDALE FL 33316	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	1.1 TITLE		☐ Change ☐ Addition
NAME	~~WILDEMAN, RICHARD W~~	1.2 NAME		
STREET ADDRESS	~~2140 NW 69TH TERR.~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~MARGATE FL~~	1.4 CITY-ST-ZIP		
TITLE	~~D~~	2.1 TITLE		☐ Change ☐ Addition
NAME	~~NEILSON, RON~~	2.2 NAME		
STREET ADDRESS	~~6504 RIVERSIDE DR.~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	2.4 CITY-ST-ZIP		
TITLE	~~VD~~	3.1 TITLE		☐ Change ☐ Addition
NAME	~~WILDEMAN, ALLAN H~~	3.2 NAME		
STREET ADDRESS	~~7520 NW 213T CT.~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~MARGATE FL~~	3.4 CITY-ST-ZIP		
TITLE	~~VDS~~	4.1 TITLE	S/D	☐ Change ☑ Addition
NAME	~~WILDEMAN, ALLAN H~~	4.2 NAME	JOSEPH BALOCCO	
STREET ADDRESS	~~7520 NW 213T CT~~	4.3 STREET ADDRESS	1313 SE 3rd AVENUE	
CITY-ST-ZIP	~~MARGATE FL~~	4.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
TITLE	~~P~~	5.1 TITLE	V.P.-T-D	☑ Change ☐ Addition
NAME	~~WILLIAMS, CAROLYN~~	5.2 NAME	Williams Carolyn	
STREET ADDRESS	~~3101 PORT ROYALE BLVD.~~	5.3 STREET ADDRESS	3101 Port Royale Blvd.	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	5.4 CITY-ST-ZIP	Fort Lauderdale FL	
TITLE	~~S~~ P/D	6.1 TITLE	P-D	☑ Change ☐ Addition
NAME	FILLICHIO, BENEDICT	6.2 NAME		
STREET ADDRESS	3001 SW 18TH TERR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL - 33315	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: Benedict Fillichio PRES + DIRECTOR 4/10/95 305-523-0824
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #